



Independent Turf and Ornamental Distributors Association
 174 Crestview Drive, Bellefonte, PA 16823-8516
 Phone: 814-357-9197 | Fax: 814-355-2452
 info@itoda.org | www.itoda.org

Application for Disbributor Membership

The membership year runs January 1 to December 31. Membership dues are payable by January 1 of each year. Those who submit an application after October 1 will have the membership extended through the next calendar year.

Distributor Membership Fee: \$800

Corporate Name: _____

Trade Name (T/A): _____

Main Address: _____

City: _____ State: _____ Zip: _____

Corporate Phone: _____ Corporate Fax: _____

Corporate Email: _____ Web Address: _____

Name of Primary Contact: _____ Title: _____

Contact's Phone: _____ Fax: _____ Email: _____

Notice: The Board of Directors of ITODA has found that electronic communication is the most time-efficient and cost-effective method of transmitting important information about the organization. By supplying your email and fax information, you are agreeing to accept electronic notices and news as part of your membership. In turn, ITODA pledges to respect your privacy and will do its utmost to protect you from unsolicited communications by third parties.

Check One: Corporation Partnership Individual

Year business founded: _____ Market area of distribution: _____

Annual sales volume: _____ Number of sales representatives: _____

Types of products distributed: _____

List at least three major manufacturers from whom you buy on a direct basis (to include manufactures of pesticides, fertilizers, seeds, and allied lines):

1) _____

2) _____

3) _____

The undersigned certifies that the company applying for membership is an independent distributor and that the information above is accurate. The applicant also understands that annual membership dues are payable in advance and must be submitted with this application for processing. Membership acceptance is contingent upon approval of the ITODA Board of Directors, a process taking approximately two weeks.

Signature: _____ Date: _____

Total Amount Enclosed: \$ _____

Method of Payment

To Mail application, include check or money order payable to ITODA, and send to:
 ITODA Business Office, 174 Crestview Drive, Bellefonte, PA 16823-8516

Or Fax application with credit card info to 814-355-2452

Credit Card Information: Visa MasterCard AMEX

 Name on card (print) Signature

 Account Number Exp. Date Security Code